

WiSACWIS ADOPTION ASSISTANCE CHECKLIST / ROUTING

Use of form: Specific documentation must be completed and submitted to the Bureau of Programs and Policies at the following address to ensure that minimum requirements to start a child on Adoption Assistance are met. Include this checklist with Adoption Assistance forms for each new case submitted.

Department of Health and Family Services
Division of Children and Family Services
Bureau of Programs and Policies
ATTN: Adoption Assistance Accountant, Room 527
P.O. Box 8916
Madison, WI 53708-8916

☐ Redetermination of rate. Check if applicable.

Birth Name - Child (Last, First, MI)	Date - TPR (mm/dd/yyyy)
Adoptive Name - Child (Last, First, MI)	
Name - Social Worker	Telephone Number - Social Worker
Name - DHFS Authorizing Authority	

Region - Specify.

- | | | | |
|--------------------------------------|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Eau Claire | <input type="checkbox"/> Green Bay | <input type="checkbox"/> Rhinelander | <input type="checkbox"/> Wisconsin Rapids |
| <input type="checkbox"/> Fond du Lac | <input type="checkbox"/> Madison | <input type="checkbox"/> Waukesha | <input type="checkbox"/> Bureau of Milwaukee Child Welfare |

Form routing is indicated after each form: Original (O) and copy (C).

Attached	Form Number	Form Title	Adoption Assistant Accountant	Family	Family Record	Child Record
<input type="checkbox"/>	CFS-72	* Adoption Assistance Program Application and Decision	O	C	C	C
<input type="checkbox"/>	CFS-73	* Adoption Assistance Program Child and Family Summary	O		C	C
<input type="checkbox"/>	CFS-74	* Adoption Assistance Agreement	O	C	C	C
<input type="checkbox"/>	CFS-75	* Adoption Assistance Payment Authorization	O		C	C
<input type="checkbox"/>	CFS-834	* Foster Care Uniform Rate Setting - include exceptional rate justification and approval, if applicable.	O		C	C
<input type="checkbox"/>	DES-2096	* Health Insurance Information	O		C	C
<input type="checkbox"/>		* Copy of original CHIPS order completed when child was removed from birthparent(s) home. The CHIPS order was not completed for the following reason: <input type="checkbox"/> Kinship case <input type="checkbox"/> Voluntary placement <input type="checkbox"/> Other - Explain: _____	C		C	O
<input type="checkbox"/>		* Copy of most recent CHIPS order (A CHIPS order should have been issued for each year during the period between the issue date of the original CHIPS order and the TPR date.)	C		C	O
<input type="checkbox"/>		SSI approval / denial, if applicable	C			O
<input type="checkbox"/>	CFS-984	Adoption Assistance High School Information (applicable if child will be age 18 in next 60 days).	O			C

* Required forms must be submitted no later than 10 days after an In-Home Service Placement has been approved in WiSACWIS.

I verify all required forms indicated above are attached.

SIGNATURE - DHFS Authorizing Authority

Date Signed